


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2005 8:00 am
Secretary of State

06-10-2005 90112 010 ****50.00

DOCUMENT # L04000039779

1. Entity Name
WATERSIDE OF HOMESTEAD, L.L.C.



Principal Place of Business
**406 SW 1 ST
 FLORIDA CITY, FL 33034**

Mailing Address
**406 SW 1 ST
 FLORIDA CITY, FL 33034**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

20060009



06072005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-2222929

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAGER, RICARDO L
 1801 CORAL WAY, #401
 MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name **DAGER, RICARDO L**
 Street Address (P.O. Box Number is Not Acceptable)
406 SW 1 ST
 City **FLORIDA CITY** FL Zip Code **33034**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **6-8-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$50.00
 Due by September 7, 2005**

**Make check payable to
 Florida Department of State**

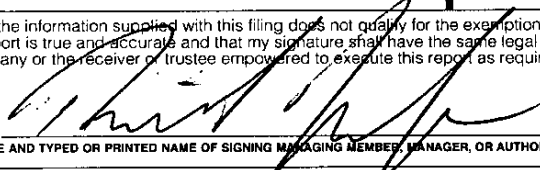
9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	DAGER, RICARDO L	1801 CORAL WAY, #401	MIAMI, FL 33145	<input type="checkbox"/>
MGRM	LOPEZ, JOSE E	1801 CORAL WAY, #401	MIAMI, FL 33145	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	DAGER, RICARDO L	406 SW 1 ST	FLORIDA CITY FL 33034	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGRM	LOPEZ, JOSE E	406 SW 1 ST	FLORIDA CITY FL 33034	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE **6-8-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE